

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	R5D		5/11/01
FORMALITY REVIEW	MW	920	06-15-01
RESPONSE FORMALITY REVIEW	H	676	09/13/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	7 1x 6 3 23 0x 10 31 02 0x 05 04
1	✓
2	✓
3	✓ ✓ ✓
4	✓ ✓ =
5	✓ ✓ =
6	✓ ✓ =
7	✓ ✓ =
8	✓ ✓ =
9	= = =
10	0. = = =
11	✓ ✓
12	0. = = =
13	0. ✓ ✓
14	✓ ✓ ✓ ✓
15	0 0 0 0
16	0 0 ✓ ✓
17	✓
18	✓
19	✓ ✓ ✓
20	✓ ✓ ✓
21	✓ ✓ =
22	✓ ✓ =
23	✓ ✓ =
24	= = =
25	0 = = =
26	✓ ✓
27	0 0 =
28	0 0 ✓
29	0 0 ✓ ✓
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32	0 ✓ ✓
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Claim	Date
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Original	51
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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